2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# N41814

Entity Name: W.C.H.M. FIRE ASSOCIATION, INC.

Current Principal Place of Business:

2560 W HIGHWAY 441
APOPKA, FL 32712 US

New Principal Place of Business:

Current Mailing Address:

C/O DON BLOCK
P O BOX 429
PLYMOUTH, FL 327680429 US

New Mailing Address:

C/O BILL KOEDITZ
P O BOX 429
PLYMOUTH, FL 327680429 US

FEI Number: 59-3856170 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LEE, PATRICK T.
2560 N HWY 441
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: KOEDITZ, WILLIAM
Address: 2560 W HIGHWAY 441
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete
Name: LEE, PATRICK T
Address: 2560 W HIGHWAY 441
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete
Name: BAYLARK, STEVE
Address: 2560 W HIGHWAY 441
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL KOEDITZ TRES 06/23/2009

Electronic Signature of Signing Officer or Director — Date